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INDICATION FORM**

Application Number	09/751,577
Filing Date	December 29, 2000
First Named Inventor	MILLER, ROSS
Title	METHODS AND SYSTEMS FOR TREATING TEETH
Art Unit	3732
Examiner Name	JOHN J. WILSON
Attorney Docket Number	018563-002700US

I hereby appoint:

Practitioners associated with the Customer Number

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Practitioner(s) named below:

Name	Registration Number

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

BAD TRAN

Signature

Date

11/24/03

Telephone

(408) 476-1243

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.



PTO/SB/96 (08-03)

Attorney Docket No. 018563-002700US

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Ross MillerApplication No./Patent No.: 09/751,577 Filed/Issue Date: December 29, 2000Entitled: METHODS AND SYSTEMS FOR TREATING TEETHAlign Technology, Inc., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.

The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

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A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011727, Frame 0960, or for which a copy thereof is attached.

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B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

11/24/03

Date
(408) 970-1243

Telephone number

BAO TRAN

Typed or printed name
Bao Tran

Signature
ASSOCIATE GEN. COUNSEL

Title



GP 3732

PTO/SB/21 (08-03)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/751,577
		Filing Date	December 29, 2000
		First Named Inventor	MILLER, ROSS
		Art Unit	3732
		Examiner Name	JOHN J. WILSON
Total Number of Pages in This Submission		Attorney Docket Number	018563-002700US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Statement Under 37 CFR 3.73(b); Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Nena Bains	Reg. No. 47,400
Signature		
Date	12-4-03	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Gigi Hoover		
Signature		Date	December 4, 2003